



# ***The Baltimore City's State's Attorney's Office\*\* 6<sup>th</sup> Annual Victims' Fund Run 5k Run/Walk And 1 Mile Walk***

**Saturday, April 15, 2006 (RAIN OR SHINE) Patterson Park**

**PURPOSE:** To maintain the emergency fund that is available to crime victims who need help in covering the cost of victimization (broken windows, doors, and locks, and personal identification replacement) and meet the established criteria.

**ENTRY FEE:** Pre-registration \$15.00 by April 14<sup>th</sup>. Day of Race \$20.00  
T-Shirt included with registration for first 500 entrants.  
Not responsible for mailed registrations post marked after April 12th.

**REGISTRATION:** 7:30 – 8:30 a.m. (Race starts at 9:00 a.m.)  
Register on line at [www.charmcityrun.com](http://www.charmcityrun.com)

**GATHERING PLACE:** Patterson Park Recreation Center – 2601 E. Baltimore Street

**POST-RACE ACTIVITIES:** Refreshments for all runners and walkers; cash awards to top three male and female overall finishers; prizes to top three male and female winners in each age group division. The Finished Product will provide finish line timing and race scoring. Complete race results will be posted on the internet at [www.charmcityrun.com](http://www.charmcityrun.com).

For more information, call: 410-396-1897

Fax: 410-545-1911

E-Mail [www.mail@stattorney.org](mailto:www.mail@stattorney.org)

**\*\*\*No headphones, baby joggers, skates bicycles, or pets allowed on the course\*\*\***

This course is handicap accessible.

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Please submit a separate form for each runner or walker. This form may be copied. Make checks payable to and send completed form to Victims' Fund Run -- 110 N. Calvert Street, Room 410, Baltimore, Maryland 21202. Please do not send cash. There will be no refunds. \*\*The Baltimore Child Abuse Center, a 501(c) 3 organization, supports this effort and has agreed to manage the proceeds. All proceeds will directly benefit the Crime Victims' Fund.

**Please print.**

Enclosed is \$\_\_\_\_\_ for my entry fee and shirt. 5K Run/Walk\_\_\_\_\_ 1 Mile Walk \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Home/Work telephone: \_\_\_\_\_  
(include area code)

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Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age on Day of Race: \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_ T-Shirt Size: M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_

Waiver and Release: I know that running/walking is a potentially hazardous activity and I should not enter the fund run/walk unless I am medically able and properly trained. I assume all risks associated with running/walking in this event including, but not limited to: falls, contact with participants, the effects of weather, traffic, conditions of the course, all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of the acceptance of my entry, I, for myself and anyone entitled to act on my behalf, waive and release the State's Attorney's Office, Baltimore Child Abuse Center, Inc., The Finished Product, Race Director, Department of Recreation and Parks, the City of Baltimore and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event or resulting from carelessness on the part of persons named in this waiver. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, or any other record of this event for any legitimate purpose.

SIGNATURE OF RACE PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

IF RUNNER/WALKER IS UNDER 18, PARENT OR GUARDIAN MUST SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_

**WAIVER MUST BE SIGNED.**